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Andrew J. Krentz

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ProSciento Inc., Chula Vista, California, USA

Correspondence to Andrew J. Krentz, MD, FRCP, ProSciento Inc.,
Chula Vista, CA, USA
Tel: +1 619 409 1251; e-mail: andrew.krentz@prosciento.com

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Welcome to *Cardiovascular Endocrinology & Metabolism*.

In 2018, we are expanding the scope of the journal. A major aspect of the stated mission of this journal is to constructively erode silos of clinical and research activity. Specifically, it has been our aim to facilitate knowledge transfer between endocrinology and cardiovascular medicine. A second-level consideration concerns the distinction between the closely related disciplines of endocrinology, diabetes and metabolism. These specialties, although often intersecting in the clinic, remain segregated to some extent. This convention is reflected in dedicated scientific and professional care societies, separate major scientific conferences for each specialty, and the number of medical journals that are devoted to either endocrinology or diabetes rather than to both subjects together. Beyond the focus on hyperglycemia, diabetes is intimately associated with other derangements of other aspect of intermediary metabolism; for example, defects in aspects of lipid metabolism are usually encountered in the setting of even minor degrees of glucose intolerance.

We wish to encourage submissions of all aspects of endocrinology, diabetes, and metabolism that are relevant to vascular disease. This journal's international editorial board is being reconstituted to reflect this expanded perspective.

Developments in molecular genetics, metabolomics, and lipidomics are helping to dissect the associations between metabolic and vascular disorders with ever greater precision. Moreover, there is increasing recognition of the importance of combined metabolic-vascular actions of

novel pharmacotherapies. The notable reductions in heart failure in high-risk patients with type 2 diabetes treated with sodium-glucose transporter-2 (SGLT2) inhibitors, which were not predicted, points to effects, possibly hemodynamic, beyond reductions in hyperglycemia. The potential for pharmacological interventions to influence multiple aspects of metabolism in the context of cardiovascular risk reduction is also of interest. It is only recently that statins have been demonstrated to confer a small increase in risk of new-onset diabetes. This realization provided pause for thought about a drug class that had hitherto been regarded as having only positive metabolic effects. The diabetogenic effects of statins emphasizes the potential for adverse consequences, that is, hyperglycemia, arising from a pharmacological intervention that targets another aspect of metabolism, i.e. low-density lipoprotein-cholesterol. Proprotein convertase subtilisin kexin 9 (PCSK9) inhibitors provide even greater reductions in low-density lipoprotein-cholesterol levels. To date, however, no signal of elevated diabetes risk has been observed with these potent new agents.

In addition to metabolic disease, this journal's interest in the relevance of pituitary, adrenal, and reproductive endocrinology to vascular physiology and disease remains undiminished.

Suggestions about future directions for the journal are welcome.

Andrew J. Krentz, MD, FRCP
Editor-in-Chief